

# Heathcot Medical Practice

## Inspection report

York House Medical Centre  
Heathside Road  
Woking  
GU22 7XL  
Tel: 01483761100  
www.heathcotmedicalpractice.nhs.uk

Date of inspection visit: 12 May 2022  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| Overall rating for this location           | Requires Improvement |  |
|--|----------------------|---|
| Are services safe?                         | Requires Improvement |  |
| Are services effective?                    | Requires Improvement |  |
| Are services caring?                       | Good                 |  |
| Are services responsive to people's needs? | Requires Improvement |  |
| Are services well-led?                     | Requires Improvement |  |

# Overall summary

We carried out an announced inspection at Heathcot Medical Centre on 9 - 12 May 2022. Overall, the practice is rated as Requires Improvement

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Requires Improvement

Caring – Good

Responsive – Requires Improvement

Well-led - Requires Improvement

Following our previous inspection on 5 November 2018, the practice was rated Good overall and for the well led key question, we carried over the ratings for the other domains that were all rated as Good:

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Heathcot Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection looking at all of the domains. Safe, effective caring, responsive and well led.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

## Our findings

We based our judgement of the quality of care at this service on a combination of:

# Overall summary

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## **We have rated this practice as Requires Improvement overall**

We found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Staff told us they felt well supported and that leaders were approachable.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- There was a lack of monitoring of staff immunisations and risk assessments had not been undertaken to mitigate risks associated with a lack of immunisation.
- Although the provider had a system in place to record and act on recent safety alerts, we identified a historic alert which had not been acted upon.
- We found gaps in processes relating to the monitoring of vaccine fridge temperatures to ensure those medicines remained safe to use.
- Staff recruitment files contained all of the required information.
- Medicine reviews were not always completed in the required time frames.
- Staff mandatory training was not up to date.
- We saw evidence that clinicians took part in multi-disciplinary team meetings to discuss patient care.
- The practice was innovative in the use of technology.
- Urgent cancer referrals were not always being monitored to ensure that an appointment had been offered in the required time frames.
- We found evidence of insufficient monitoring of a number of patient during our searches of patient records. This included high risk medicines, the follow up of abnormal test results and requests for repeat medicines.
- The internal fire risk assessment did not cover all notable risks and there was no fire risk assessment completed for Knaphill Surgery.
- Complaints investigation needed to be reviewed to ensure all of the concerns raised were investigated.
- The details recorded for complaints and significant events needed to be strengthened to ensure trend analysis and the wider learning for all staff.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out the duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Review and continue to monitor cervical screening uptake to meet the Public Health England screening rate target.
- Continue to plan and carry out staff appraisals.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit including the branch surgeries. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Heathcot Medical Practice

Heathcot Medical Centre is based in a purpose built two storey health centre. There are treatment and consulting rooms on both floors. The health centre also includes another GP practice and a community pharmacy.

The practice offers services from the main practice and has two branch surgeries. Patients can access services at all surgeries. During our inspection we visited the main surgery and both the branch surgeries.

Services are provided from the following locations:

York House Medical Centre, Heathside Road Woking, Surrey, GU22 7XL

Branch Surgeries

Brewery Road Surgery, 54 Brewery Road, Horsell, Woking, Surrey, GU21 4NA

Knaphill Surgery, Redding Way, Knaphill, Woking Surrey, GU21 2DN

The provider is registered with CQC to deliver the Regulated Activities;

- Diagnostic and screening procedures,
- Maternity and midwifery services
- Treatment of disease, disorder or injury
- Surgical procedures
- Family Planning

Information published by Public Health England shows that deprivation within the practice population group is rated 10 out of 10. The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 11.5% Asian, 83.2% White, 1.6% Black, 2.5% Mixed, and 1.5% Other.

There is a team of five GPs partners and six salaried GPs (male and female) who provide cover at all surgeries. There is a team of four nurses who provide nurse led clinics across the surgeries. The practice also employs healthcare assistants, a clinical pharmacist and two further members of the pharmacy team. The GPs are supported at the practice by a team of reception/administration staff. The practice manager, deputy practice manager and clinical manager provide managerial oversight.

The practice is part of a federation of GP practices that offer evening appointments until 9pm and weekend appointments 9am until 12pm. These appointments are run from locations in Walton-on-Thames, Ashford, Sunbury-on-Thames and Woking.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity   | Regulation  |
|--|---|
| Family planning services<br>Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>There were inadequate systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Not all significant events discussed during the inspection had been raised as significant events</li><li>• Insufficient investigation and detail in the recording of complaints and significant events to allow for the review of trends or the shared learning to the wider team.</li><li>• The system for monitoring two week wait referrals for suspected cancer was not working as intended.</li><li>• The internal fire risk assessment did not cover all notable risks and there was no fire risk assessment completed for Knaphill Surgery</li><li>• Governance around patient safety alerts and the monitoring of fridge temperatures was not robust.</li><li>• Governance systems and processes, in relation to identifying, managing and mitigating risk to patients required improvement.</li></ul> |

| Regulated activity   | Regulation  |
|--|---|
| Diagnostic and screening procedures<br>Family planning services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice had failed to ensure care and treatment was provided in a safe way for service users. In particular:</p> <ul style="list-style-type: none"><li>• Gaps in the monitoring of vaccine fridge temperatures.</li></ul> |

This section is primarily information for the provider

# Requirement notices

- Medicine reviews were not always being completed in the required time frames.
- Insufficient monitoring of a number of patients who were prescribed medicines. Including: Medicines for the control of blood pressure. Patients prescribed medicines for Hypothyroidism and Asthma management.
- Prescribing not in line with Medicines and Healthcare Products Regulatory Agency (MRHA) safety alerts.
- Test results were not always followed up appropriately in order to diagnose long term conditions. For example, Chronic Kidney Disease and diabetes.
- Palliative care records did not always include care plans and those that did were of various formats.
- The practice had failed to ensure staff had received the recommended immunisations for their job role.

## Regulated activity

Diagnostic and screening procedures

Family planning services

Surgical procedures

Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The practice was not ensuring that all staff received appropriate training as is necessary to enable them to carry out the duties they are employed to perform.

- There were gaps in staff mandatory training included but not limited to basic life support, Deprivation of Liberties, infection control, General Data Protection Regulation (GDPR), preventing radicalisation, Safeguarding Vulnerable Adults and Safeguarding Children and Equality and Diversity.